J. A. Gillam.

1934

CENTRAL MIDWIVES BOARD

RULES

SECTION E

Rules regulating, supervising, and restricting within due limits the practice of midwives.

TOGETHER WITH EXTRACTS FROM THE MIDWIVES ACTS 1902, 1918 and 1926, and SEVEN LEAFLETS BEARING on the DUTIES OF A MIDWIFE

PRINTED AND PUBLISHED BY AUTHORITY OF THE CENTRAL MIDWIVES BOARD

Printed by
SPOTTISWOODE, BALLANTYNE & CO. LTD., NEW-ST. SQUARE
LONDON, E.C. 4

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Address of the Board—

CENTRAL MIDWIVES BOARD,
1 Queen Anne's Gate Buildings,
Westminster,
London, S.W.1.

These Rules have been approved by the Minister of Health to come into force on the first day of October, 1934.

RULES REGULATING, SUPERVISING, AND RESTRICTING WITHIN DUE LIMITS THE PRACTICE OF MIDWIVES.

Application of the Rules.

1. (*a*) When a woman whose name is on the Midwives Roll is acting as a MATERNITY NURSE she is subject, so far as these Rules are concerned, only to Rules 5, 9, 28, 30, 32 and 33 (*d*) and (*e*).

(*b*) A woman is acting as a MATERNITY NURSE when a doctor has been engaged to deliver the patient and she has sent for him on the onset of labour and he arrives before she leaves the house, and continues to be in charge of and responsible for the case throughout the lying-in period.

(*c*) Unless all these conditions are fulfilled a woman is acting as a midwife and is subject to all the Rules.

†2. (*a*) When a midwife is exercising her calling under the supervision of a duly appointed resident medical officer within a Hospital approved by the Central Midwives Board for the purpose of this Rule she is not subject to Rules 12, 13, 14, 15, 17, 26, 27 (*b*), 28 (*b*), 29, 31 (*a*) and 33, but otherwise is subject to all these Rules.

(*b*) If she exercises her calling exclusively within such a Hospital she is, in addition, not subject to Rule 9.

3. If after ceasing to attend a case a midwife subsequently attends the mother or child suffering from illness connected with the confinement, all these Rules (so far as appropriate) shall apply.

† *Note.*—It must be remembered that pupils trained in Institutions in which the midwives are not subject to the Rules in question are deprived of practical experience of carrying out such Rules and will require special instruction therein.

4. When a midwife has accepted responsibility for attendance on a patient in her confinement she shall be personally responsible for seeing that all the Rules appropriate to the case are observed, notwithstanding that the patient is actually attended or delivered by another midwife or other midwives under her direction or control. In such a case any midwife who actually attends upon or delivers the patient is also responsible for the observance of all the Rules.

General Duties.

5. (*a*) A midwife must be scrupulously clean in every way, including her person, clothing, †appliances and house; she must keep her nails cut short, and preserve the skin of her hands so far as possible from cracks and abrasions.

(*b*) When attending to her patients she must wear a clean dress of washable material which can be boiled, such as linen or cotton, and over it a clean washable apron or overall. The sleeves of the dress must be made so that the midwife can roll them up well above the elbows, or so that the lower part from above the elbows downwards can be removed.

6. A midwife must always have in her possession and take with her when called to a confinement a metal case or a bag or basket kept for professional purposes only, and, unless the metal case can itself be sterilized by heat, furnished with a removable lining which can be disinfected by boiling, containing :—

(*a*) an appliance for giving vaginal injections, a different appliance for giving enemata, a catheter, a pair of scissors, a clinical thermometer, and a nail-brush.

(*b*) an efficient antiseptic or efficient anti-

† For list of appliances see Rule 6.

septics kept in bottles distinguishable by touch as well as by sight for such purposes as

(1) disinfecting the hands.
(2) douching in special cases.
(3) cleansing the child's eyelids.

If antiseptic eyedrops are carried they must be carried in a bottle of special shape.

Note.—A midwife should, in addition to having such a metal case or bag or basket as is mentioned in this Rule for the confinement, also have in her possession another such metal case or bag or basket fitted according to the requirements of the Rule for use in the nursing of lying-in patients.

7. Before touching the generative organs or their neighbourhood the midwife must on each occasion disinfect her hands and forearms.

8. All instruments and other appliances must be disinfected, by boiling if possible, before being brought into contact with the patient's generative organs.

9. (A) In the following cases, namely :—

(i) When she has been in contact with a person, whether or not a patient, suffering from puerperal fevers or any other condition which may raise suspicion of infection ;

(ii) When she is herself liable to be a source of infection ;

(iii) When she has laid out or assisted to lay out a dead body for burial,

a midwife must without delay notify the †Local Supervising Authority of the fact, and must (unless relieved by the Authority of the obligation) take the following special measures against infection before visiting another patient :—

† *Note.*—The Local Supervising Authority is, for a midwife practising or acting in a County Borough, the City or Borough Council. A midwife intending to practise or act outside a County Borough should ascertain from the County Council which is the Local Supervising Authority for the area in which she intends to practise or act.

(*a*) She must have herself, her instruments and appliances, and when necessary her dwelling, disinfected to the satisfaction of the Local Supervising Authority.

(*b*) Unless the Local Supervising Authority otherwise directs she must have all washable clothing boiled, and must send all other clothing to be disinfected by the †Local Sanitary Authority.

(B) For notifying the Local Supervising Authority under this Rule the midwife shall use Form (*e*) mentioned in Rule 33, or, if she has laid out a dead body, Form (*d*) of that Rule.

10. (*a*) A midwife must not, except under a grave emergency, undertake operative procedure or any treatment which is outside her province.

Note.—The question whether in any particular case such procedure or treatment was justified will be judged on the facts and circumstances of the case.

10. (*b*) A midwife must not on her own responsibility use any drug unless, in the course of her obstetric training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration or application.

Note.—The Board, for example, would regard the giving of pituitary extract before the birth of the placenta, except under a grave emergency, as treatment outside a midwife's province.

11. Except in the case of a simple aperient a midwife must note in her Register of Cases each occasion on which she administers or applies in any way any drug, stating the name and dose of the drug and the time and cause of its administration or application (Rule 34).

SENDING FOR MEDICAL AID.

12. (*a*) **In all cases of illness of the patient or child, or of any abnormality occurring**

† *Note.*—In order to ascertain who is the appropriate Local SANITARY Authority the midwife should inquire of the Inspector of Midwives or of the Local Supervising Authority.

during pregnancy, labour, or lying-in, a midwife must forthwith call in a registered medical practitioner.

(*b*) This Rule particularly applies to the conditions mentioned in the following list, **but this list is not exhaustive, and does not include all cases in which medical aid should be summoned:—**

(1) When a woman during PREGNANCY, LABOUR, or LYING-IN appears to be dying or is dead.

PREGNANCY.

(2) When there is any abnormality or complication, for instance—

Excessive sickness,
Abortion, actual or threatened.
Loss of blood,
Albumin in the urine,
Puffiness of hands or face,
Fits or Convulsions,
Purulent discharge,
Sores of the genitals,
Dangerous varicose veins,
Deformity or stunted growth or other condition suggesting disproportion between head and pelvis.

LABOUR.

(3) When there is any abnormality or complication, for instance—

Fits or Convulsions,
Purulent discharge,
Sores of the genitals,
Excessive bleeding,
Malpresentation,
Presentation other than the uncomplicated head or breech,
When no presentation can be made out,

Placenta not completely expelled two hours after the birth of the child,

Rupture of the perineal body, or other injuries of the soft parts.

LYING-IN.

(4) When there is any abnormality or complication, for instance—

Fits or Convulsions,

Abdominal distension and tenderness,

Offensive lochia, if persistent,

Rigor, with raised temperature,

†Rise of temperature to **100·4° F.** for twenty-four hours or its recurrence within that period, or a rise of temperature above **99·4° F.** on three successive days.

Steadily rising pulse rate,

Unusual swelling of the breasts with local tenderness or pain,

Excessive or prolonged bleeding,

White leg.

THE CHILD.

(5) When there is any abnormality or complication, for instance—

Injuries received during birth,

Malformation or deformity endangering the child's life,

Dangerous feebleness in a premature or full-time child,

‡Inflammation of, or discharge from, the eyes, however slight,

† These figures refer to temperatures taken in the mouth or other closed cavity. If skin temperatures are taken lower figures would indicate the need for calling in medical aid.

‡ *Note.*—In cases in which the eyes are affected the duties of the midwife are :—

(1) To call in to her aid a registered medical practitioner, using for this purpose the form for medical aid. (See Rules 12 (*a*) and (*b*), 14 (*a*), and 33 (*a*).)

(2) To send notice to the Local Supervising Authority that medical aid has been sought. (See Rules 14 (*b*) and 33 (*a*).)

Serious skin eruptions, especially those marked by the formation of one or more watery blisters,

Inflammation about, or haemorrhage from, the navel.

(*c*) The conditions referred to in clauses (*a*) and (*b*) of this Rule shall be deemed to be emergencies for the purpose of Section 14 of the Midwives Act, 1918.

13. In calling in medical aid the midwife must when possible call in the doctor desired by the patient, or, if the patient cannot be consulted, by the responsible representative of the family.

14. (*a*) In calling in medical aid in an emergency the midwife must use the Form prescribed by Rule 33 (Form (*a*)) which she must properly fill in and sign.

(*b*) The midwife must notify the Local Supervising Authority whenever medical aid has been sought for the patient (whether by the midwife or the patient or her friends or relatives) by sending to it as soon as possible a copy of the prescribed form. (Rule 33, Form (*a*).)

(*c*) When during the attendance of a doctor on a case a new emergency arises other than and unconnected with the emergency for which medical aid has already been sought the midwife must hand or send to the doctor the form prescribed by Rule 33 (Form (*a*)) and notify the Local Supervising Authority in the usual way.

15. (*a*) Whenever a doctor has been sent for the midwife must obtain her instructions direct from him and must faithfully carry out such instructions. In cases when danger is threatened the midwife must await the arrival of the doctor.

(*b*) If for any reason a doctor is not available in an emergency the midwife must remain with the patient and do her best for her until the emergency is over.

Duties to Patient.

16. (*a*) When engaged to attend a patient the midwife must interview her patient at the earliest opportunity to inquire as to the course of present and previous pregnancies, confinements, and puerperia, both as regards mother and child, and to advise as to personal and general arrangements for the confinement (including, amongst other things, the provision of a cot for the child), and, with the consent of the patient, must visit the house.

(*b*) The midwife must see her patient during pregnancy as often as is necessary, and must keep notes of her antenatal observations in the †form approved by the Central Midwives Board.

(*c*) Whenever an abnormality complicating pregnancy has occurred in a previous pregnancy the midwife on being engaged to attend the patient shall urge her to seek advice from her medical attendant, or at a Hospital or other similar Institution.

17. (*a*) The midwife must personally supervise and be responsible for the cleanliness, comfort and proper dieting of the mother and child during the lying-in period, which shall be held for the purpose of these regulations, and in a normal case, to mean the time occupied by the labour and a period of not less than ten days thereafter.

(*b*) If a rise of temperature (or any other condition requiring close supervision) be found at the morning visit, an evening visit must be paid, unless the midwife is relieved from the obligation by the Local Supervising Authority.

18. The midwife must take and record accurately the pulse rate and temperature of the patient at each

† This form can be obtained from Messrs. Spottiswoode, Ballantyne & Co. Ltd., 1 New-street Square, London, E.C. 4.

visit, entering her records, with dates and times, in a notebook or on charts, which must be carefully preserved.

The temperature must be taken by the mouth whenever possible. If not taken by the mouth a statement should be added saying where the thermometer was placed.

19. The midwife must wash the patient's external parts with soap and water, and then swab them with an efficient antiseptic solution on the following occasions :

(*a*) Before making the first internal examination ;

(*b*) After the termination of labour ;

(*c*) During the lying-in period ;

(*d*) Before passing a catheter.

The swabbing with antiseptic solution must be repeated before each further examination and before a douche is given or a catheter passed. For this purpose the midwife must use material which has been boiled or otherwise disinfected before use.

20. †**The midwife must not make more internal examinations than are absolutely necessary.**

21. A midwife in charge of a case of labour must not leave the patient without giving an address by which she can be found without delay ; and, after the commencement of the Second Stage, she must stay with the patient until the expulsion of the placenta and membranes, and as long after as may be necessary.

22. The midwife in charge must in all cases of labour examine the placenta and membranes before

† This is a direction to practising midwives, and is not to be taken as relieving a pupil undergoing a course of training from any of the obligations entailed upon her by any of the training Rules.

they are destroyed, and must satisfy herself that they are completely removed.

23. The midwife must remove soiled linen, blood, faeces, urine, placenta and membranes from the neighbourhood of the patient and from the lying-in room as soon as possible after the labour, and in every case before she leaves the patient's house.

Duties to Child.

24. In the case of a child born apparently dead the midwife must carry out the methods of resuscitation which have been taught her.

25. As soon as the child's head is born, and if possible before the eyes are opened, its eyelids must be carefully cleansed.

26. On the birth of a child which is in danger of death, the midwife must inform one of the parents or a responsible representative of the family of the child's condition.

27. (*a*) The midwife must endeavour to promote breast feeding and must, when breast feeding cannot apparently be continued, urge medical aid.

(*b*) The midwife must forthwith †notify the Local Supervising Authority of each case in which it is proposed to substitute artificial feeding for breast feeding, using for this purpose Form (*f*) of Rule 33.

Note.—In nearly all districts health visitors and maternity and child welfare centres are provided for the assistance of mother and child. It is desirable that the midwife when she ceases attendance should advise the patient to avail herself of such help.

Deaths and Stillbirths.

28. (*a*) A midwife must not lay out a dead body except that she may lay out the dead body of a patient

† In the case of patients delivered in a Hospital approved by the Board for the purpose of Rule 2 the notification to the Local Supervising Authority may be made at any time before the patient is discharged from Hospital

or her child upon whom she has been in attendance as midwife or maternity nurse at the time of death.

(*b*) After laying out a dead body a midwife must notify the Local Supervising Authority and be disinfected in accordance with Rule 9.

29. (*a*) When a child is stillborn or when the mother or the child dies the midwife must notify the Local Supervising Authority of the stillbirth or death, using Form (*c*) or (*b*) of Rule 33 as the case may be.

(*b*) This Rule applies *in case of death* whether or not a doctor was present at the time of the death, but in case of stillbirth it applies only if no doctor was in attendance at the time of the stillbirth.

(*c*) The duty to notify the Local Supervising Authority is additional to the duty of the midwife to notify various authorities under the Births and Deaths Registration Acts and the Notification of Births Acts. (*See* pages 23 and 24.)

(*d*) A child is stillborn when it has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any other signs of life.

Miscellaneous.

30. A midwife, whether practising or not, must immediately notify

(*a*) the Central Midwives Board and the Local Supervising Authority of any change of name, the notification to the Board being accompanied by

an official copy of the document verifying the change;

(*b*) the Central Midwives Board and the Local Supervising Authority of the area in which the new address is situate of any change of address.

(See also reference to Section 9 of the Midwives Act, 1918, in Note on page 23.)

31. (*a*) A midwife must give the Local Supervising Authority every reasonable facility to enable it to inspect her register of cases and other records, her bag of appliances, her place of residence, and, when thought necessary by the Authority for preventing the spread of infection, her clothing and her person, and to enable it to investigate her mode of practice.

(*b*) A midwife must on no account destroy any official records, but if it becomes impossible or inconvenient for her to preserve her old records, she must hand them to the Local Supervising Authority or the Institution for which she works.

32. The proper designation of a certified midwife is "State Certified Midwife," thus, *e.g.*

Mary Smith,
State Certified Midwife.

A State Certified Midwife may, if she so desires, use the initial letters "S.C.M." in place of the above description, but the use of any other initial letters indicating a midwifery qualification is not permitted.

Provided that a midwife whose name has been admitted to the Roll in virtue of having passed the Examination of the Central Midwives Board, or in virtue of a qualification under Section 2 of the Midwives Act, 1902, or Section 10 of the Midwives Act, 1918, acquired by passing an Examination in Midwifery, may add the words "by examination" after the words "State Certified Midwife" or after the initial letters "S.C.M." as the case may be.

33. For the purposes of the preceding Rules the use of the following Forms shall be compulsory :—

(*a*) *Form for sending for Medical Aid.*

No. ..... Date .....

This notice is sent in respect of [a] .....

.....

Address .....

Medical aid is sought by [b] .....

on account of .....

Date of confinement .....

[c] The case is urgent.

Sent to (*name of doctor or institution*) .....

at (*address*) .....

Time of sending message { By messenger ..... / By telephone ..... }

Signed ..... State Certified Midwife.

Address .....

.....

[a] Here fill in name of patient.

[b] Here insert "me," or "relative," or "friend," as the case may be.

[c] If the case is not urgent cross this out.

NOTE.—Information as to stage of labour and other particulars should be given.

The midwife must make two copies of the above, making, with the original document three forms in all. The original she must keep, the second she must send

to the doctor in case of aid being sought by her (not when the aid has been sought by the relative or friend only), and the third she must send to the Local Supervising Authority as soon as possible, but within 24 hours at the latest.

NOTE.

The medical practitioner responding to a call in the case of any emergency as defined in the Rules framed under Section three 1 (e) of the Midwives Act, 1902 (see Rule 12), will be paid his fee by the Local Supervising Authority for his attendance on this case in accordance with the scale prescribed by the Ministry of Health if he submits his claim to the Local Supervising Authority within a period of two months from the date on which he was called in. This fee may be recovered from the patient, according to her means, by the Local Supervising Authority.

The prescribed scale of fees does not recognize any claim for services which have been rendered after the twenty-eighth day from birth.

(b) Form for Notification of Death.

To the Local Supervising Authority of the

†Administrative County of .....

or †the Borough of .....

or †the Urban District of .....

I, the undersigned, being a midwife holding the Certificate No. ..... of the Central Midwives Board, hereby notify that the following death occurred in my practice on the ..... day of .....

19 ....., at ..... †A.M. / P.M.

† before / † after } the arrival of the medical practitioner.

Name of deceased .....

Address of deceased .....

Age of deceased .....

Date of Delivery .....

Signed ..... State Certified Midwife

Address .....

.....

Date .....

† Strike out the words not applicable.

(*c*) *Form for Notification of Stillbirth.*

To the Local Supervising Authority of the †Administrative County of .....

or †the Borough of .....

or †the Urban District of .....

I, the undersigned, being a midwife holding the Certificate No. ..... of the Central Midwives Board, hereby notify that, on the ..... day of .....

19 ....., at ..... †$\frac{\text{A.M.}}{\text{P.M.}}$ Name .....

Address .....

was delivered { †by me ..... / †before my arrival (B.B.A.) ..... }

of a stillborn child, no registered medical practitioner being in attendance at the time of birth.

Sex .....

Full term or premature (No. of months) .....

Condition of child (whether macerated or not)

.....

Presentation .....

Signed ..... State Certified Midwife

Address .....

.....

Date .....

NOTE.—This form must not be used for burial purposes. The midwife can obtain a form of Certificate of Stillbirth from the Registrar of Births and Deaths.

† Strike out the words not applicable.

(*d*) *Form for Notification of having Laid Out a Dead Body.*

To the Local Supervising Authority of the †Administrative County of .....

or †the Borough of .....

or †the Urban District of .....

I, the undersigned, being a midwife holding the Certificate No. ..... of the Central Midwives Board, hereby notify that, on the ..... day of ..... 19 ..... , I †prepared *or* †assisted to prepare the dead body of .....

on whom I was in attendance at the time of death, †(*a*) as a midwife, †(*b*) as a maternity nurse, the particulars in respect of which are as below :—

Name of deceased .....

Address of deceased .....

Age of deceased .....

Cause of death .....

If the body is that of a stillborn child here state so

Signed ..... State Certified Midwife

Address .....

.....

Date .....

† Strike out the words not applicable.

(*c*) *Form for Notification of Liability to be a Source of Infection.*

To the Local Supervising Authority of the

†Administrative County of .....

or †the Borough of .....

or †the Urban District of .....

I, the undersigned, being a midwife holding the Certificate No. ..... of the Central Midwives Board, hereby notify that,

on the ..... day of ..... 19 ....., I was

†in attendance upon, *or* †in contact with

† Name .....

Address .....

a person suffering from a condition supposed to be infectious, or raising a suspicion of infection, viz. :

.....

or

† I †am myself suffering from, *or* †have recently suffered from .....

Signed ..... State Certified Midwife

Address .....

.....

Date .....

† Strike out the words not applicable.

(f) Form for Notification of Artificial Feeding.

To the Local Supervising Authority of the †Administrative County of .....

or †the Borough of .....

or †the Urban District of .....

I, the undersigned, being a midwife holding the Certificate No. ..... of the Central Midwives Board, and being in attendance on

(Name) .....

(Address) .....

hereby notify that on the ..... day of ..... 19.....

it was proposed to substitute ‡ ..... ‡ Name of food.

for breast feeding because†† ..... †† Give reasons.

.....

The child was born on the ..... day of

..... 19.....

Signed ..... State Certified Midwife

Address .....

.....

Date .....

† **Strike out the words** not applicable.

34. A midwife, whether practising independently or in partnership or in an Institution, must keep a separate **Register of Cases** in the following form :—

No. .....

Date of expected confinement .....

Name and address of patient .....

.....

Age .....

No. of previous labours and miscarriages .....

Date and hour of midwife's arrival .....

Presentation .....

Date and **hour** of child's birth .....

Sex of child ..... Born living or dead .....

Full time or premature ..... No. of weeks .....

Name of doctor if called .....

Complications (if any) during or after labour .....

.....

Date of midwife's last visit .....

Condition of mother then .....

.....

Condition of child then .....

Remarks† .....

.....

.....

.....

† If any drug, except a simple aperient, has been administered or applied in any way, state here the name and dose of the drug and the time and cause of its administration or application. See Rule 11.

Note.

The attention of midwives is called to the following duties imposed upon them by statute :—

1. A midwife must not employ an uncertified person as her substitute.

2. A midwife must, before practising as such, give notice to the Local Supervising Authority of her intention to practise, and must give a like notice in the month of January of every year during which she continues to practise, in accordance with Section 10 of the Midwives Act, 1902. Such notice must be given to the Authority of the area in which the midwife usually resides or carries on her practice. If she practises or acts as a midwife in any other area she must also give like notice to the Authority of that area within forty-eight hours after commencing so to practise or act as a midwife.

3. Under Section 9 of the Midwives Act, 1918, a midwife who has given notice of her intention to practise and who subsequently changes her address must, within seven days after such change, give notice of the change to every Local Supervising Authority to which she had previously given notice of her intention to practise, and, if she omits to do so, she will on summary conviction be liable to a fine not exceeding two pounds.

4. Under the Births and Deaths Registration Acts and the Notification of Births Acts a midwife must in certain cases notify the Registrar of Births and Deaths and the Medical Officer of Health. The following is a summary of her duties under these Acts :—

It is the duty primarily of the father or mother to give to the Registrar of Births, within forty-two days after the birth, information of the birth, whether the child is born alive or stillborn. In default of the father or mother this duty falls upon every person present at the birth, including the midwife, if present at the birth.

It is also the duty of the father and any person in attendance on the mother at the birth or within six

hours after the birth, whether the child is born alive or stillborn, to notify the Medical Officer of Health for the district of the birth within thirty-six hours. A midwife can obtain free of charge by application to the Local Authority stamped postcards containing the proper form of notice.

In a case of stillbirth the midwife, if present at the stillbirth or if she has examined the body of the child, may give to the father or mother a certificate of stillbirth, unless a doctor gives such a certificate.

A stillborn child may not be buried in a burial ground until a certificate for disposal has been obtained from the Registrar of Births and Deaths or an Order for Burial has been obtained from the Coroner and delivered to the person having control over the burial ground. In certain circumstances a certificate (which will serve the same purpose) can be obtained from the Registrar that he has received notice of the stillbirth.

In case of death it is primarily the duty of the relatives to notify the Registrar, but in default of the relatives the duty falls upon any person present at the death.

For the purposes of the registration of births and deaths—

(*a*) a child born at any stage of pregnancy who breathes or shows other signs of life after complete expulsion from its mother is born alive. If such a child dies after birth both the birth and the death will require to be registered.

(*b*) a child who has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life is a stillborn child.

(*c*) the birth before the twenty-eighth week of pregnancy of a child who did not breathe or show signs of life after complete expulsion from its mother is neither a live birth nor a stillbirth, and need not be registered.

THE MIDWIVES ACT, 1902, PROVIDES (AMONG OTHER THINGS) THAT

Certification.

Sec. 1.—(1) From and after the first day of April, one thousand nine hundred and five, any woman who not being certified under this Act shall take or use the name or title of midwife (either alone or in combination with any other word or words), or any name, title, addition or description *or badge* implying that she is certified under this Act, or is a person specially qualified to practise midwifery, or is recognised by law as a midwife, shall be liable on summary conviction to a fine not exceeding five pounds.

(*Rules H 1 and 2 have been made by the Board under the power conferred by Sec. 4 of the Midwives Act, 1926, see page 33, and accordingly the foregoing subsection is to be read with the addition of the words in italics in pursuance of the provisions of that section.*)

(2) From and after the first day of April, one thousand nine hundred and ten, no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner unless she be certified under this Act; any woman so acting without being certified under this Act shall be liable on summary conviction to a fine not exceeding ten pounds, provided this section shall not apply to legally qualified medical practitioners, or to anyone rendering assistance in a case of emergency.

(*This subsection is not now in force. Its provisions are replaced by Sec. 1 of the Midwives Act, 1926* [*see page 32*].)

(3) No woman shall be certified under this Act until she has complied with the rules and regulations to be laid down in pursuance of this Act.

(4) No woman certified under this Act shall employ an uncertified person as her substitute.

(5) The certificate under this Act shall not confer upon any woman any right or title to be registered under the Medical Acts or to assume any name, title, or designation implying that she is by law recognised as a medical practitioner, or that she is authorised to grant any medical certificate, or any certificate of death or of still-birth, or to undertake the charge of cases of abnormality or disease in connection with parturition.

* * * * * *

Appeal from decision of Midwives Board.

Sec. 4. Any woman thinking herself aggrieved by any decision of the Central Midwives Board removing her name from the roll of midwives may appeal therefrom to the High Court of Justice within three months after the notification of such decision to her ; but no further appeal shall be allowed.

* * * * * *

Notification of practice.

Sec. 10. Every woman certified under this Act shall, before holding herself out as a practising midwife or commencing to practise as a midwife in any area, give notice in writing of her intention so to do to the local supervising authority [*or to the body to whom for the time being the powers and duties of the local supervising authority shall have been delegated under this Act*], and shall give a like notice in the month of January in every year thereafter during which she continues to practise in such area.

Such notice shall be given to the local supervising authority of the area within which such woman usually resides or carries on her practice, and the like notice

shall be given to every other local supervising authority (*or delegated body*) within whose area such woman at any time practises or acts as a midwife, within forty-eight hours at the latest after she commences so to practise or act.

Every such notice shall contain such particulars as may be required by the rules under this Act to secure the identification of the person giving it ; and if any woman omits to give the said notices or any of them, or knowingly or wilfully makes or causes or procures any other person to make any false statement in any such notice, she shall on summary conviction be liable to a fine not exceeding five pounds.

(*The words in italics have been repealed by Sec.* 16 (3) *and Schedule of the Midwives Act,* 1918.)

Sec. 11. This section dealing with attempts to procure a Certificate by false representations is not now in force but has been replaced by sections of the Perjury Act, 1911, as follows :—

Sec. 6. If any person—

(*a*) procures or attempts to procure himself to be registered on any register or roll kept under or in pursuance of any Public General Act of Parliament for the time being in force of persons qualified by law to practise any vocation or calling ; or

(*b*) procures or attempts to procure a certificate of the registration of any person on any such register or roll as aforesaid,

by wilfully making or producing or causing to be made or produced either verbally or in writing, any declaration, certificate, or representation which he knows to be false or fraudulent, he shall be guilty of a misdemeanour and shall be liable on conviction

thereof on indictment to imprisonment for any term not exceeding twelve months, or to a fine, or to both such imprisonment and fine.

Sec. 7.—(1) Every person who aids, abets, counsels, procures or suborns another person to commit an offence against this Act shall be liable to be proceeded against, indicted, tried, and punished as if he were a principal offender.

(2) Every person who incites or attempts to procure or suborn another person to commit an offence against this Act shall be guilty of a misdemeanour, and, on conviction thereof on indictment, shall be liable to imprisonment, or to a fine, or to both such imprisonment and fine.

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Penalty for wilful falsification of the roll.

Sec. 12. Any person wilfully making or causing to be made any falsification in any matter relating to the roll of midwives shall be guilty of a misdemeanour, and shall be liable to be imprisoned with or without hard labour for any term not exceeding twelve months.

Appeal.

Sec. 14. Where any woman deems herself aggrieved by any determination of any court of summary jurisdiction under this Act, such woman may appeal therefrom to the court of quarter sessions.

THE MIDWIVES ACT, 1918, PROVIDES (AMONG OTHER THINGS) THAT

Provisions as to suspensions.

Sec. 6.—(1) The power of the Central Midwives Board to frame rules deciding the conditions under which midwives may be suspended from practice shall include a power of framing rules—

(*a*) authorising the Board to suspend a midwife from practice for such period as the Board think fit, in lieu of striking her name off the roll, and to suspend from practice until the case has been decided, and (in the case of an appeal) until the appeal has been decided, any midwife accused before the Board of disobeying rules or regulations or of other misconduct ;

(*b*) authorising the local supervising authority which takes proceedings against a midwife before a court of justice or reports a case for consideration by the Central Midwives Board to suspend her from practice until the case has been decided.

Note.—Rules F 3 and 4 have been framed by the Board under this power.

(2) Where in pursuance of any power conferred by any such rule a midwife has been suspended from practice pending the decision of her case by a court or the Board and the case is decided in her favour, (*or where in pursuance of the duty imposed by paragraph* (3) *of section eight of the principal Act a midwife has been suspended from practice in order to prevent the spread of infection*) the Central Midwives Board, or the local supervising authority by whom she was suspended, may, if they think fit, pay her such reasonable

compensation for loss of practice as under the circumstances may seem just.

(*The words in italics are repealed by Sec. 2 (1) of the Midwives Act, 1926, and this section contains a substituted provision, see page 32.*)

Expenses of Midwives.

Sec. 7.—(1) The Central Midwives Board may, if they think fit, pay all or any part of the expenses incurred by any midwife who may be required to appear before them in her own defence, and all forms required to be filled up and returned to the Board shall be supplied gratis by the Board to certified midwives.

(2) All other forms and books which certified midwives are required to fill up or use shall be supplied to them gratis by the local supervising authority.

(3) Where any such form is required to be returned by post to the Board or the authority, either the form shall be supplied duly stamped or a duly stamped envelope shall be supplied with the form.

Offences by Midwives.

Sec. 8.—(1) Where the Central Midwives Board decide upon the removal from the roll of the name of any midwife, they may, in addition, prohibit her from attending women in childbirth in any other capacity, but such decision of the Board shall be subject to the like appeal as their decision to remove her name from the roll, and, if any woman so prohibited acts in contravention of the prohibition, she shall be liable on summary conviction to a fine not exceeding ten pounds, unless she proves that she acted in a case of emergency.

(2) Any woman whose name is ordered to be removed from the roll for disobeying rules or regulations, or for other misconduct, shall, within fourteen days from the making of the order, surrender her certificate to the Central Midwives Board, and, if she

fails to do so, shall be liable on summary conviction to a fine not exceeding five pounds.

(*This section also applies to any badge issued by the Board—see Sec. 4 of the Midwives Act*, 1926.)

Notification of change of address.

Sec. 9. Where a woman certified under the principal Act has given a notice in compliance with section ten of that Act and subsequently changes her address, she shall, within seven days after such change, give notice of the change to every local supervising authority to which she had previously given notice under that section, and, if she omits to do so, shall, on summary conviction, be liable to a fine not exceeding two pounds.

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Medical Assistance in case of emergency.

Sec. 14.—(1) In case of any emergency, as defined in the rules framed under section three I (*e*) of the principal Act, a midwife shall call in to her assistance a registered medical practitioner, and the local supervising authority shall pay to such medical practitioner a sufficient fee, with due allowance for mileage, according to a scale to be fixed by the Local Government Board (*now the Ministry of Health*).

* * * * * *

(3) The midwife shall report forthwith to the local supervising authority each case of emergency in which she has called in a registered medical practitioner to her assistance, stating the nature of the emergency and the name of the medical practitioner.

(4) The local supervising authority shall have power to recover the fee from the patient or from the husband or other person liable to maintain the patient either summarily or otherwise as a civil debt, unless it be shown to their satisfaction that the patient or her husband or such other person is unable by reason of poverty to pay such fee.

THE MIDWIVES ACT, 1926, PROVIDES (AMONG OTHER THINGS) THAT

Amendment of s. 1 (2) of Midwives Act, 1902, 2 Edw. 7, c. 17.

Sec. 1. The following subsection shall be substituted for subsection (2) of section one of the Midwives Act 1902 (which relates to certification of midwives) :—

" (2) If any person, being either a male person or a woman not certified under this Act, attends a woman in childbirth otherwise than under the direction and personal supervision of a duly qualified medical practitioner, that person shall, unless he or she satisfies the court that the attention was given in a case of sudden or urgent necessity, be liable on summary conviction to a fine not exceeding ten pounds :

" Provided that the provisions of this subsection shall not apply in the case of a person who, while undergoing training with a view to becoming a duly qualified medical practitioner or a certified midwife, attends a woman in childbirth as part of a course of practical instruction in midwifery recognised by the General Medical Council or by the Central Midwives Board."

Amendments of Midwives Act, 1918.

Sec. 2.—(1) Where a midwife has been suspended from practice in order to prevent the spread of infection she shall, if she was not herself in default, be entitled to recover from the local supervising authority such amount by way of compensation for loss of practice as is reasonable in the circumstances of the case.

8 & 9 Geo. 5, c. 43.

In subsection (2) of section six of the Midwives Act, 1918, the words from " or where " to " infection " shall be repealed.

* * * * * *

Provision as to Midwives' Roll.

Sec. 3.—(2) The Central Midwives Board may from time to time by registered letter addressed to any

woman whose name is included in the roll of midwives at her address as appearing therein, inquire of her whether she has ceased practice or has changed her residence ; and if within a period of six months from the sending of such a letter no answer is received thereto, the Board may erase the name of that person from the roll and may cancel her certificate, but without prejudice to the power of the Board subsequently to restore the name to the roll and to re-issue the certificate if it appears proper so to do.

Regulations as to badges.

Sec. 4. The power of the Central Midwives Board to frame rules under section three of the Midwives Act, 1902, shall include a power to frame a rule as to the wearing of badges by certified midwives, and if any such rule is made, subsection (1) of section one of that Act shall have effect as if the words " or badge " were inserted therein after the word " description."

Subsection (2) of section eight of the Midwives Act, 1918 (which provides for the surrender by a midwife of her certificate when her name is removed from the roll in certain circumstances), shall apply to any badge issued to any person by virtue of the provisions of this section as it applies to the certificate of a midwife.

(*Note.—Rules have been made by the Board under the power conferred by the section.*)

ANTENATAL CARE.

The purpose of this leaflet is to draw the attention of midwives, particularly those engaged in independent practice, to certain features in the antenatal supervision carried out by them which are not merely desirable but necessary to its effectiveness, although all of them are not made obligatory by Rules of the Board. The reasons for the exclusion of some matters from the Rules will become clear later.

The training of the midwife is designed to make her a safe attendant on women during natural childbearing, to recognize early departure from the normal and to summon to her aid a medical practitioner in all cases of illness or abnormality (Rule E 12).

Her success in practice may be estimated by the proportion of natural childbearing attained with healthy and uninjured mothers and children. Therefore she must make as sure as is humanly possible that no complications occur that can be foreseen and/or prevented and that no early signs of disordered function escape undetected.

Antenatal care cannot be separated from the rest of midwifery and is just as much part of the work of the midwife as the management of labour (intranatal care), the lying-in period (postnatal care) and the newborn child (neonatal care). The truth of this statement is shown by a consideration of the objects of antenatal care. They may be thus set out :—

I. (1) The promotion and maintenance of health of body and mind in the pregnant woman ;

(2) Preservation of the pregnancy to its full time;

(3) The normal delivery at term of a healthy and uninjured foetus ;

(4) Normal lying-in, the return of the mother to her duties without disability and able to nurse her child.

II. Helping the mother by educational and social services to prepare herself and her home for the confinement and for the child, teaching her hygiene suitable to her circumstances, and arousing her interest in the care and rearing of her family in the way most likely to promote healthy development.

Supervision of this kind to its full extent cannot be carried out by midwife or medical practitioner alone, but calls for close co-operation between the two and may in certain cases require further assistance from other sources.

The midwife's duties are laid down in Rule E 16, which makes her responsible for visiting the mother at her home and advising her as to the preparations for the confinement and for the child. This implies instruction in accordance with the circumstances of the individual patient regarding the mode of life, clothing and diet of the mother, and the most hygienic, economical and labour-saving clothing for the child. By her personal influence the midwife may do much to inculcate among her patients a knowledge of mothercraft and a "health-sense" that may spread beyond those she herself attends.

She must examine the urine and make careful observations on other matters and record them on the form approved by the Board, and whenever abnormality has complicated a previous pregnancy she is enjoined to point out the need for medical supervision and to urge the woman to consult her medical attendant or go to a hospital or clinic.

The Rules do not make the calling in of a medical practitioner in all cases of pregnancy an obligation on the midwife because pregnancy is a normal function in

which medical advice is absolutely necessary only if some abnormality, or suspicion of it, arises.

Even normal pregnancy is a period of stress, like severe or prolonged physical exertion, and puts to the test all the bodily functions. A certain, but small, proportion of women with previous and perhaps unknown weakness of some organ or system may break down under the strain. Also some apparently healthy and physically well-developed women, especially in a first pregnancy, may fail to react normally and suffer from serious disorder (toxaemia), such as vomiting or albuminuria. These and other conditions, such as septic foci, infections and intoxications or failure to excrete waste matters, may or may not be accompanied by obvious illness, but may lead to miscarriage, death of the foetus or premature birth and later to serious illness of the woman or her child. They may be discoverable only by a thorough medical examination, including blood-tests, estimation of the blood-pressure, bacteriological investigation and so on.

For these reasons it is best if a thorough overhaul is carried out by a doctor, as is done for insurance or admission to pensionable services. A medical examination should be made as soon as possible after the woman reports her pregnancy, and another is advisable in the eighth month (34th-36th week) to see how the woman has reacted to the strain of pregnancy, to confirm the midwife's examinations and generally to determine that no untoward happening need be feared at the critical time of labour. The reasons for these examinations are in order to fulfil the purposes of antenatal care already stated. Hence space is provided on the Antenatal Record Card for the doctor's notes of his observations, the midwife meanwhile seeing that his instructions are carried out and continuing observation of the patient, reporting progress to him when necessary and calling

him in if illness or abnormality is discovered, in accordance with Rules E 12, 13, 14 and 15.

The medical practitioner to be consulted is naturally the one to be called in should illness or abnormality arise in pregnancy, labour or lying-in, and hence it is advisable that the midwife should learn from the patient at the time of booking the name of the doctor she wishes called in should the need arise.

It is, however, important that the midwife should remember that if a medical investigation is made of the normal pregnant woman in the way suggested, or in accordance with Rule E 16 (*c*), the midwife cannot fill up Form (*a*), as the case is not one of emergency in accordance with Rule E 12 (*c*), nor need she notify the Local Supervising Authority in accordance with Rule E 14 (*b*).

No provision is made under the Midwives Acts for payment for these medical examinations, so if there is no local scheme to provide for them, and if the patient cannot pay for the services of a doctor, she should seek advice from a hospital or public antenatal clinic. In rural areas or where hospitals or clinics are not readily accessible, the midwife should consult her inspector regarding the facilities offered by the Local Supervising Authority for medical examination. It is not possible at the present time to secure a systematic medical examination of the pregnant woman in all areas or in all cases, but it is hoped that every midwife will explain to her patients the objects of such examinations and do her utmost to secure them and thus aid in promoting a great advance in the thoroughness of antenatal supervision.

A few points may be emphasized regarding the details of the antenatal care to be given by the midwife.

The Antenatal Record Card indicates the nature of the inquiries and examinations to be made, but attention may be drawn to the importance of patients being encouraged to book early in pregnancy, particularly in those cases in which there has been trouble in a previous pregnancy, such as abortion, premature labour or dead-birth, vomiting, albuminuria or other illness. In such cases and in all in which a history of scarlet fever (because of the risk of its being followed by kidney disease) or organic disease is obtained or in which the midwife discovers the teeth are bad or any evidence of ill-health, the patient should be specially urged to have a thorough medical examination.

The urine should be examined on booking, and whenever possible before the end of the fourth month, and then four-weekly till the seventh month, fortnightly in the eighth month, and weekly in the last month. In first pregnancies and in all cases in which there has been previous albuminuria, more frequent examination and from an earlier stage in the pregnancy is required.

A thorough abdominal examination with pelvic measurements should be made at the end of the seventh month, and when possible a joint examination by doctor and midwife, as suggested above, at some time between six and four weeks of the expected date of confinement. A general medical examination should be made at this time and the blood-pressure taken.

The midwife in all cases should observe that the presentation remains normal and look for signs of abnormality every fortnight during the last six weeks of pregnancy, noting particularly the fit of the head into the pelvic brim. If the patient's dates can be relied upon and labour has not begun before the lapse of fourteen days after the calculated date further medical advice should be urged.

Defective sanitary conditions of the home should be reported to the Medical Officer of Health.

Finally it may be pointed out that antenatal supervision must be thorough if it is to serve the purposes indicated, and that unless it is thorough a false sense of security may be obtained. Close co-operation between doctor and midwife, a close understanding of the individual patient and the special advice and management suited to her character and circumstances will lead to the greatest proportion of normal childbearing and healthy upbringing of the children born.

For the sake of the mothers any midwife who is unable herself to conduct the supervision required and fill up the form as the Board requires should send, or preferably take, her patients to a doctor, hospital or public clinic, to have such examinations made as she does not feel competent to make herself. But no midwife who finds herself unable to carry out efficiently what has been described as an essential part of her duties should be content to continue practice without striving to keep herself up to modern standards by obtaining further instruction by means of a " refresher " course.

GONORRHOEA.

The chief sign of Gonorrhoea in a woman is a yellow mattery discharge from the vagina. In bad cases there may be numerous warts on the vulva and on the surrounding parts. During pregnancy these warts become greatly increased in size, and may form large masses which may ulcerate. In many cases, however, Gonorrhoea causes only slight signs and therefore, if a woman mentions that she has had any increase of discharge before she became pregnant, it is always advisable to persuade her to have a thorough investigation made.

The discharge is caused by a germ, the **gonococcus,** which is highly contagious and may lead to very serious consequences.

If a pregnant woman is infected with Gonorrhoea this may spread to the urethra and bladder, to the glands of the vulva (causing abscesses), and after delivery it may spread to the womb and give rise to Puerperal Fever, or to the Fallopian tubes and cause Salpingitis with local or even general Peritonitis.

Gonorrhoeal infection of the Fallopian tubes usually results in their becoming permanently blocked so that the woman is sterile.

It is very difficult to say for certain when any woman who has acquired this disease is cured. Hence it is advisable to regard a patient as a possible source of infection for long after all symptoms have disappeared.

The discharge from a woman suffering from Gonorrhoea is highly dangerous, not only to the eyes of the new-born child but also to the eyes of the woman herself or to the midwife who attends her. Further,

Gonorrhoea may infect the generative organs of female children through articles soiled with it, such as bed-clothes or towels.

According to the Rules (E 12 (*b*) (5)) medical aid must be advised in the case of " Inflammation of, or discharge from, the eyes, however slight," and also in the case of " Purulent discharge " affecting a woman in pregnancy or labour (Rule E 12 (*b*) (2) and (3)).

A patient may have Gonorrhoea and Syphilis at the same time.

CAUTION.—To express an opinion even by word alone that anyone is suffering from Gonorrhoea may expose the person who does so to legal proceedings.

SYPHILIS.

This disease, popularly known as "The Bad Disorder," is very common, particularly in large cities, garrison towns and seaports. It may be inherited by children from their parents.

If not treated early and efficiently it may have serious and incurable consequences, such as heart disease, aneurysm, blindness, deafness, paralysis, insanity, besides severe ulcerations in various parts of the body.

The children of uncured syphilitic persons are themselves syphilitic.

On the other hand syphilis responds readily to treatment and can be cured if treated early and efficiently. Thus a syphilitic pregnant woman thoroughly treated throughout her pregnancy can be assured of her own cure and of her child being born unaffected by the disease.

Therefore it is necessary that midwives (who are naturally much thrown with women who have engaged them for their confinements, as well as with these women during and after their confinements, and with their children) should possess sufficient knowledge to enable them to urge such women (when either they or their children present signs indicating serious illness) to seek skilled medical aid.

In this way midwives may greatly help to combat this terrible disease.

The signs which should make a midwife careful in this respect **in the case of a woman,** whether during her pregnancy, her labour, or her lying-in, are—

1. A sore.
2. Sore throat accompanied by a rash.

1. The **Sore** appears at the site of infection, and is generally on the private parts which are usually swollen, but it may be on the finger, lip or other parts of the body. Any of these sores, or the saliva of the patient, may infect the midwife or any other person if they happen to have a scratch in the skin.

2. The **Sore Throat** is not very painful, but is very obstinate and does not get well under ordinary treatment. The **Rash** occurs in roundish, dull red or coppery patches on the body and limbs and does not cause any irritation. It is often accompanied by sores on the mouth and elsewhere. The midwife should remember that a kiss from one who has syphilitic sores about the mouth, or the use of a cup, fork or spoon already used by such a person and not efficiently sterilized after, may convey the disease.

For her own protection the midwife should wear rubber gloves when attending any woman who has sores about the generative organs.

In the case of the child the signs do not appear or are generally but very little marked during the time in which the child is under the care of the midwife. The child may, however, be born with a rash which may contain many blisters. Apart from this a syphilitic child is apt to be puny, have a feeble cry, snuffle, and look unhealthy from the first.

The foetus often dies before birth and many macerated foetuses (*i.e.* dead with the skin peeling off) prove on examination to be syphilitic. Syphilis is also frequently the cause of premature birth.

A woman, who herself does not present any sign of the disease, may have a syphilitic child. A blood test will show whether a woman has or has not syphilis.

According to the Rules of the Central Midwives Board midwives are bound (E 12 (*a*)) "in all cases of

illness of the patient or child, or of any abnormality occurring during pregnancy, labour or lying-in," to summon medical aid. In the case of a pregnant woman who has a " purulent discharge " or " sores on the genitals " or " skin eruption " accompanied by a " sore throat " this is especially important, as also in the case of the child who has a " serious skin eruption " or is " puny and looks unhealthy."

It is not the business of the midwife to offer an opinion as to whether a patient (woman or child) has or has not syphilis, but she is bound by the Rules to summon medical aid for all conditions mentioned above. She should most carefully avoid expressing any opinion of her own, especially to the patient, the husband or friends of the patient.

In the case of both women and children prompt treatment is of the greatest importance, because the disease in its early stages can be cured. If, however, the disease be not properly treated it may become incurable and handed on by either parent to the child.

It is for this reason that it is so important for the midwife to advise the immediate calling in of medical aid in all cases in which she suspects the existence of syphilis in her patient.

When the midwife knows that her patient has previously been treated for syphilis she should always advise medical aid on being engaged, because it is generally agreed by members of the medical profession that it is advisable to treat every syphilitic woman throughout each pregnancy, whatever treatment she may have had already and although the child of the previous pregnancy appears to be quite healthy.

Whenever the last pregnancy has ended in an abortion, a premature labour or a stillbirth, the midwife, on being engaged to attend the patient in her next

confinement, should advise her to see a medical practitioner in order that the cause of the abortion may be investigated (Rule E 16 (*c*)).

In all cases of stillbirth where a registered medical practitioner is not in attendance at the time of birth, the midwife must, as soon as possible, send notice on the prescribed form to the Local Supervising Authority, in accordance with Rule E 29 (*a*), and the body should be carefully saved in case an examination should be desired, and should not be buried until the medical practitioner, if in attendance at the time of birth, or otherwise the Local Supervising Authority, orders this to be done.

A patient may have Syphilis and Gonorrhoea at the same time.

CAUTION.—To express an opinion even by word of mouth alone that anyone is suffering from Syphilis may expose the person who does so to legal proceedings.

PEMPHIGUS IN THE NEW-BORN CHILD.

The importance of Pemphigus consists in the fact that it is an extremely contagious disease to the new-born child and sometimes proves fatal.

Epidemics occur from time to time, of which the history is generally as follows :—

A rash, not alarming in appearance and not recognized as important, may be followed by serious illness and even death of the child, but the midwife, not realizing the infective nature of the disease, continues attending other patients, with the result that a number of children develop the disease, a proportion of whom die.

The characteristic of the disease is a rash consisting of **one or more watery blisters,** often looking like a burn and almost invariably having a red ring round the edge. Watery blisters may also occur in chicken pox or congenital syphilis, and both are highly contagious. All cases of Pemphigus are not fatal, but it is impossible to distinguish the very dangerous variety of Pemphigus from the other, which is less dangerous.

The infection seems to cling especially to clothing, towels, sponges and other appliances and is carried by the midwife or nurse or other person whose duty it is to wash the child and dress the umbilical cord, and cases have been traced to the use of infective dusting powders and soap.

In any case it is necessary that strict surgical cleanliness should be observed, particularly in the treatment of the umbilical cord.

It is not the business of the midwife to determine the nature of the disease, but it is her duty **in all**

abnormal cases to summon medical aid at once (Rule E 12), and this is especially important in the case of a child who has a rash **marked by the formation of one or more watery blisters** (Rule E 12 (*b*) (5)). She is bound to notify the fact to the Local Supervising Authority at once and to disinfect herself and her appliances to the satisfaction of that Authority (Rule E 9 A (ii) and (*a*)), particular care being taken not to omit anything that has been in contact with the child.

This leaflet may be distributed to the Laity as well as to Midwives.

INFLAMMATION OF THE EYES IN NEW-BORN CHILDREN.

OPHTHALMIA NEONATORUM.

This is a common cause of **hopeless blindness and damaged eyesight.** It is responsible for the presence of about a quarter of the number of children educated in schools for the blind. The grave misfortune to the child, the distress to the parents and the cost to the country of educating and maintaining those so afflicted may be greatly lessened if the following directions of the Central Midwives Board are observed.

The disease generally arises from purulent discharge from the mother getting into the child's eyes at birth.

It is therefore of the greatest importance that Ophthalmia Neonatorum should be prevented—

1. by curing such a discharge if possible before labour. This requires medical treatment (Rule E 12 (*b*) (2)) ;

2. by taking the greatest care that such a discharge shall not be carried into the child's eyes when it opens them for the first time soon after its head is born.

The discharge may be carried into the child's eyes in the following ways :—

(*a*) The discharge collects round the eyes, especially the eyelashes, and easily gets into the eyes.

Its entrance can generally be prevented if the midwife observes Rule E 25 : " As soon as the child's head is born, and if possible before the

eyes are opened, its eyelids must be carefully cleansed." They should be thoroughly wiped with clean material such as cotton wool, lint or rag, using separate pieces for each eye. The reason for this is that the piece used for wiping the first eye will be polluted by the discharge, and should not be used for the other eye.

(*b*) The new-born child sometimes rubs the discharge into its eyes with its hands. When Rule E 25 has been complied with the hands must be carefully wrapped up to prevent the child from rubbing its eyes with its hands.

(*c*) When the child is bathed the discharge with which its body is covered during labour is washed off into the bath water. If its face is washed in this water matter may get into the eyes.

(*d*) Through carelessness or bad nursing.

The above directions in paragraphs (a), (b) and (c) are to be observed in all cases, whether a purulent discharge is known to be present or not.

In areas where infection is prevalent the Local Supervising Authority may consider necessary further precaution in the form of antiseptic drops of some silver preparation. The bottle containing the eyedrops should be of a shape distinguishable by touch as well as by sight, in accordance with Rule E 6 (*b*).

The prevention of blindness or damage to the sight from this disease depends on the early recognition of the signs of inflammation of, or discharge from, the eyes, followed by prompt treatment. It is not the business of the midwife to offer an opinion as to the cause of the discharge, but it is her duty to summon

medical aid as soon as these signs are noticed (Rule E 12 (*b*) (5) and footnote).

The Central Midwives Board is determined, so far as lies in its power, to secure the strict observance of its Rules, and to punish any failure to comply with them, even in cases in which harm cannot be proved to have followed from their neglect.

CANCER OF THE BREAST.

Cancer of the breast is at first only in the part attacked, and is not in the System.

If treated early, either by removal or by radium, it can usually be cured.

Every day is of importance and no time should be lost.

The earliest symptom is a lump in the breast, which is usually painless and may be quite small.

The lump may remain without seeming to grow for some time.

The **only cure for cancer of the breast is its early removal** by operation or by radium application.

All lumps in the breast are not cancerous, but any one may be. Moreover, many lumps which start by being not cancerous turn into cancer, sometimes after many years.

Such lumps as follow a blow, or an inflammation after suckling, may behave in this way.

All women who discover a lump in their breast should at once see a surgeon who is in the habit of dealing with such cases.

A cancerous lump if not removed spreads, and what would have been curable becomes incurable.

The early removal of a lump is a very simple operation. After the removal the lump can be examined by the microscope and its nature made clear. If it is not

cancerous its removal will have averted great danger in the future, and the anxiety of the patient and her friends will have been relieved.

If the lump proves to be cancerous further steps will be necessary which, if undertaken early, usually cure the disease.

If women would follow the advice given above, much loss of life, many regrets when too late, and much misery would be saved.

This leaflet may be distributed to the Laity as well as to Midwives.

CANCER OF THE WOMB.

Cancer of the womb is at first only in the part attacked and is not in the System.

If treated early, either by removal or by radium, it can usually be cured.

Every day is of importance and no time should be lost.

The earliest sign is generally a red discharge, often quite slight, which does not occur at the proper time for the monthly period, or comes on after the change of life.

The discharge at first does not generally smell bad nor is there pain, but when the disease has been present for some time the discharge is offensive, and the patient complains of pain in the back and lower abdomen.

If the neck of the womb bleeds when it is touched Cancer is generally present.

Any offensive discharge, even if it is not bloody, **should be attended to at once.**

It is not true that "the Change of Life" is properly marked by floodings, or by irregular bleedings, or by special discharge of any kind.

It often happens that a woman who has floodings or irregular bleedings or marked discharge about the time of "the Change of Life" is told by her friends that it means no harm and is "only the Change of Life."

Instead of going to a doctor she does nothing until the disease is so far advanced that nothing will save her, and she throws away her life, whereas if she had

gone sooner she could probably have been cured. It is for this reason that **every day is of importance and no time should be lost.**

All women who have floodings or irregular bleedings or marked discharge of any kind **should go at once to a properly qualified medical practitioner and ask to be examined thoroughly.** If women did this many lives could be saved. This is especially important if the discharge comes on after a woman has ceased menstruating for some time.

All women, of whatever age (such as nurses and midwives, but not only they), who are especially liable to be consulted on these matters, **should avoid expressing any opinion of their own, but should advise the enquirer to go at once to a properly qualified medical practitioner and insist on being examined.**

This leaflet may be distributed to the Laity as well as to Midwives.